

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To:	<p>DME Providers Pharmacists Infusion Therapy Providers Home Health Agencies Managed Care Plans Regional Administrators CSO Administrators</p>	<p>Memorandum No: 00-64 MAA Issued: November 13, 2000</p> <p>For further information, contact: 1-800-562-6188</p>
From:	<p>James C. Wilson, Assistant Secretary Medical Assistance Administration</p>	
Subject:	<p>Medical Nutrition Program Clarifications and Updates</p>	

The purpose of this memorandum is to provide further clarification regarding coverage and billing under the Medical Assistance Administration's Medical Nutrition Program. Billing instruction page replacements are also attached that include updates to the modifier list, product list and fee schedule sections of the Medical Nutrition Program Billing Instructions, dated November 2000.

Implementation Time

Beginning with dates of service on and after November 1, 2000, providers must use the new procedure codes and modifiers in the Medical Nutrition billing instructions, dated November 2000.



Note: Providers have until date of service December 31, 2000, to have certified dietitian evaluations completed.

If this is not possible to have a certified dietitian evaluation in the client's file at the time of billing, make a note in the client's file as to the status of getting the evaluation (e.g.: "*Nutrition evaluation done; dietitian to send documentation*" or "*Client is scheduled to see certified dietitian on 1/2/01*").

What has changed?

Sections D and J: Coverage & Billing

- Added the following reminder: “MAA’s previous policy of medical nutritional being allowed only when 50% of the client’s caloric need is no longer applicable. See Modifier section.”
- Added information on when medical nutrition is covered for clients residing in nursing facilities and information on clients receiving Medicare Part B.
- Added information on how to bill for clients residing in nursing facilities and clients receiving Medicare Part B when they qualify for reimbursement under MAA’s Medical Nutrition Program.
- Added clarification that certified dietitian evaluations are **required only** for clients 17 years of age and younger but are reimbursable, with a Healthy Kids-EPSDT referral, for clients 20 years of age and younger.
- Qualified the use of the word “periodically” in the requirement for certified dietitians evaluations.

Section E: Modifier/Criteria

- Changed age ranges in all of the pediatric modifiers.
- Removed WIC denial language from all specialty formula modifiers.
- Added clinical piece to modifiers 3D, 3E, 3Q, and 3V.

Section F: Product List

- Added several products to the list.
- Corrected several maximum allowable fees to maintain consistency among like products.

Section H: Fee Schedule

- Clarified and modified allowable units.

Attachments: Page Replacements for MAA’s Medical Nutrition Services Billing Instructions: Section D, Section E, Section F, Section H, and Pages J.3/J.4. (Web viewers...go to the Billing Instructions link to see pages.)